

Westmoreland Dermatology & Surgery Center

Disclosures of Health Information

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. This Notice will take effect on April 14, 2003 and will remain in effect until it is amended or replaced by us. It is our right to change our privacy practices provided law permits the changes. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

I understand that members of the Westmoreland Dermatology staff will strive to keep all health information confidential, using it for only the following purposes:

- A) **Treatment:** We may use your health information to provide you with our professional services.
- B) **Disclosure:** We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. Health information about you may be disclosed to your family, friends, and/or other persons you choose to involve in your care.
- C) **Payment:** We may use and disclose your health information to seek payment for services we provide to you. This would involve our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and or collecting unpaid balances.
- D) **Emergencies:** We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. Under emergency situations or if you are incapacitated, we will use our professional judgment to disclose only information that is directly related to your care.
- E) **Healthcare Operations:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.
- F) **Required by Law:** We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery, requests or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.
- G) **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.
- H) **Public Health Responsibilities:** We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease or infection exposure and to prevent and control disease, injury or disability.
- I) **Marketing Health Related Services:** We will not use your health information for marketing purposes.
- J) **National Security** – The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.
- K) **Appointments/Telephone Calls:** We may use your health information to provide you with appointment reminders or changes, including, but not limited to voicemail messages or letters.

